

**MICHIGAN DEPARTMENT OF EDUCATION
COORDINATED SCHOOL HEALTH AND SAFETY PROGRAM**

Request for Approval of Sex Education Supervisor

Date:	Name of School District :
Name of Candidate for Supervisor of Sex Education:	
Address:	Phone:
	Email:

The above candidate for Supervisor of Sex Education is: (Check all that apply)

- ☐ a **physician** licensed to practice in Michigan
- ☐ a **nurse** licensed to practice in Michigan
- ☐ an **educator** who possesses a **valid Michigan teaching certificate** and has **3 years of experience in health education instruction** or related area

Please specify the related area _____



If the **candidate is an educator** possessing the above certification and teaching experience, please identify his or her preservice or inservice **training in sex education**:
(Check all that apply)

- ☐ An undergraduate or graduate course in sex education or human sexuality, which included information on human reproduction, family planning, marriage and family relations, and sexually transmitted diseases including HIV infection.

- ☐ A twenty (20) clock hour inservice in Human Reproductive Health.

Date and Location of training: _____

- ☐ Other preparation that meets district's requirements to teach sex education.

(Please attach copy of district requirements and briefly describe preparation below)

<i>I have reviewed the credentials of the above named candidate for Supervisor of the Sex Education Program in my school district and certify that the above information is correct.</i>	
District Administrator Reviewing the Candidate's Credentials	
Name:	Signature:
Title:	
Address:	Phone Number:

Please send completed form to:

Laurie Bechhofer, Michigan Department of Education, PO Box 30008, Lansing, MI 48909